

Education Authority of the County of Lanark.


TWELFTH
ANNUAL REPORT

ON THE

MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN.

1920-1921.

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CONTENTS.

	PAGE
Letter of Address,	5
Detailed List of Staff,	6
Scheme of Medical Inspection, Supervision and Treatment, ...	7
I. List of Staff,	7
II. Number of Schools,	7
III. Visits to Schools,	7
IV. Special Visits to Schools,	8
V. Sanitary Condition of Schools,	8
VI. (A) Organisation and Administration,	8
(B) School Nurses,	8
(C) Arrangements for "Following Up,"	9
(D) Supervision of Infectious Disease,	9
(E) Co-ordination with Public Health Services,	9
(F) Presence of Parents at Inspection,	9
(G) Special Examinations,	9
VII. Physical Condition of School Children,	10
(A) Total Number Examined,	10
(B) Number Notified as Suffering from Defects,	11
(C) Number of Children Receiving Attention,	11
(D) Clothing,	11
(E) Footgear,	11
(F) Average Heights and Weights,	12
(G) Cleanliness—Head and Body,	13
(H) Condition of Skin—Head and Body,	13
(I) Nutrition,	14
(J) Teeth,	14
(K) Nose, Throat and Lymphatic Glands,	14-15
(L) External Eye Disease,	16
(M) Visual Acuity,	16
(N) Ears,	17
(O) Hearing,	17
(P) Speech,	18
(Q) Mental Condition,	18
(R) Heart and Circulation,	19
(S) Lungs,	19

	PAGE
(r) Nervous System,	20
(u) Tuberculosis—Non-Pulmonary,	20
(v) Rickets,	21
(w) Deformities,	21
(x) Infectious or Contagious Disease Table,	
(y) Other Diseases or Defects,	22
VIII. Special Schools and Classes,	22
IX. Arrangements for Physical Education.	22
X. Feeding of School Children,	22
XI. Arrangements for Medical Treatment,	23
Table A, showing Number of Pupils Examined in each S.M.C. Area.	
Table B, Showing Remedial Measures instituted in each S.M.C. Area,	
Table C, Showing Total Number of Children Treated for Defective Vision and Teeth,	
Report by Authority's Whole-Time Ophthalmic Surgeon, with Relative Tables—D, E, F,	24-26
Report by Part-Time Ophthalmic Surgeons :	
(A) Rutherglen and Cambuslang Districts,	27-29
(B) Coatbridge,	30
(C) Hamilton,	32
(D) Motherwell,	34
Report on Dental Treatment Throughout Whole Area, with Relative Table G,	36
Report on Treatment of Diseases of Ear, Nose and Throat, ...	39



TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION
AUTHORITY OF THE COUNTY OF LANARK.

MR CHAIRMAN, LADIES AND GENTLEMEN,

We beg to submit the Twelfth Annual Report on the
Medical Inspection, Supervision, and Treatment of School Children
in the County of Lanark for the year ending 31st July, 1921.

We are,

Your obedient Servants,

JOHN MACINTYRE.

W. JONES MACKINNON.

School Medical Inspection Offices,

3 Clydesdale Street,

Hamilton, September, 1921.

LIST OF STAFF.

NORTHERN DIVISION.

Principal School Medical Officer.
JOHN MACINTYRE,
M.B., Ch.B., D.P.H.

Assistant School Medical Officers.

(a) THOMAS P. GRANT,
M.B., Ch.B.

(b) ALEXANDER LAMONT,
M.B., C.M.

(c) JANE B. DAVIDSON,
M.B., Ch.B.

(d) IAN C. MACKENZIE,
L.R.C.P. & S.Ed., D.P.H.

Dental Surgeons.

H. R. BOWER, L.D.S.

WILLIAM KERR, L.D.S.

SOUTHERN DIVISION.

Principal School Medical Officer.

W. JONES MACKINNON,
M.D., C.M., D.P.H.

Assistant School Medical Officers.

(e) CUNISON D. RANKIN,
M.D., D.P.H.

(f) JOHN W. STEPHEN,
M.B., Ch.B., D.P.H.

(g) THOMAS FORSYTH,
M.B., Ch.B., D.P.H.

ANN K. CORMACK,
M.B., Ch.B.

Dental Surgeons.

R. JARDINE BEATTIE, L.D.S.

ANDREW C. F. RANKIN, L.D.S.

Ophthalmic Surgeon—ERNEST THOMSON, M.A., M.D., F.R.F.P.S.G.

Part-Time Ophthalmic Surgeons.

W. HISLOP MANSON,
M.A., M.D., F.R.F.P.S.G.

H. SOMERVILLE MARTYN,
M.A., M.B., CH.B.

JAMES R. WATSON,
M.A., B.Sc., M.D., D.P.H.

JAMES A. WILSON,
M.D., D.P.H.

Part-Time Ear, Nose, and Throat Specialist—JAMES ADAM, M.A., M.D.
F.R.F.P.S.G.

NURSES.

(h) MARION CLARK.
ISOBEL T. COCHRAN.
CHRISTINA CRAIB.
ELIZABETH H. MORWOOD.
MARJORIE M'DOUGAL.

(i) MARGARET L. ROBERTSON.
ISOBEL DICK.

FRANCES M'KEE.
(j) RUBY STRANG.
AGNES C. WHITE.
(k) JENNY G. WILSON.
(l) ANNIE DOBIE.
(m) MARTHA M. CHISLETT.
JEANIE M'NICOL.

Clerical Staff.

ROBERT A. M'ROBBIE.
JOHN WRIGHT.

ELIZABETH HARLEY.
HELEN S. STEVEN.

(a) Resigned Oct., 1920.

(b) Appointed Oct., 1920, vice Dr Davidson.

(c) Resigned Sept., 1920.

(d) Appointed April, 1921.

(h) Resigned April, 1921.

(i) Appointed April, 1921.

(j) Resigned Sept., 1920.

(e) Resigned Sept., 1920.

(f) Appointed Oct., 1920, vice Dr Rankin :
resigned May, 1921.

(k) Appointed March, 1921, vice Dr Grant.

(k) Resigned January, 1921.

(j) Appointed November, 1920.

(m) Appointed January, 1921.

SCHEME OF MEDICAL INSPECTION, SUPERVISION, AND TREATMENT.

I.

LIST OF STAFF.

For the purposes of administration the County is divided into two areas—a Northern and a Southern Division. The County and Burghal districts embraced in these Divisions are as detailed in last year's Report. The Medical Inspection Staff apportioned for duty in the various districts has been augmented by the addition of one Medical Officer and one Nurse. During the course of the year several changes in the personnel of the Medical and Nursing Staff have occurred. These changes are detailed on page 6.

No change has occurred in the personnel of the Treatment Staff, which remains as shown in last year's Report.

II.

(a) Number of Schools in the whole Area—

Elementary	233
Higher Grade	21
Special Schools or Classes	5

(b) Number of Children on Register	104,689
Number of Children in average attendance ...	92,881

In the early part of the session Gateside Public School, Cambuslang, which was built to replace Kirkhill Public School, was formally opened. This school had been completed a few years previously, but was taken over by the Government as an Auxiliary Hospital during the War. Kirkhill Public School is at present being utilised as an annexe to Cambuslang R.C. School. During the course of the year Netherton Public School, in the Upper Ward of the County, was closed, and arrangements were made to convey the pupils to Lanark. A new elementary school was opened at Woolfords to meet the needs of that district. Whifflet R.C. Elementary School has now a Higher Grade Department.

A Special Class for Physically Invalid Children has been opened in Hamilton, at St. John's Special School, and, at the beginning of next session, it is proposed to inaugurate similar classes at Cambuslang and Coatbridge.

III.

NUMBER OF VISITS TO SCHOOLS FOR SYSTEMATIC EXAMINATION IN ACCORDANCE WITH SCHEME OF INSPECTION.

The number of visits paid to schools by the School Medical Officers, in connection with the routine examination of scholars, amounted to 870. It frequently happens that, during a visit by the

School Medical Officer for routine inspection, a considerable number of non-routine or special cases are presented for examination, and such cases are always overtaken at the time.

IV.

NUMBER OF SPECIAL VISITS BY THE SCHOOL MEDICAL OFFICER.

The number of non-routine or special visits for purposes of supervision continues to be very large, no fewer than 24,094 children being re-examined for a second, third, or fourth time during the year. In addition to the ordinary re-visits, a large number of visits were made during the recent coal stoppage to ascertain the state of nutrition of the pupils attending school. The number of children examined for this purpose amounted to nearly 20,000. Difficulties in railway travelling during the industrial crisis hampered to some extent the work of the School Medical Officers. Altogether 878 special visits were paid for the purposes of supervision during the course of the year.

V.

SANITARY CONDITIONS OF SCHOOLS.

The sanitary conditions of the schools, as a whole, continue to be fairly satisfactory. There are, however, certain of the schools where improvements are urgently needed. This unsatisfactory condition applies not only to certain of the rural schools, but also to many of the schools in the urban districts. This was commented upon in last year's Report, and, during the session, many of the most urgent cases were attended to. The arrears of work, however, occasioned during the war period still continue, but are being steadily overtaken, and it is hoped that in the course of a year or two the sanitary conditions in all the schools will be placed on a sound basis. As regards the lighting and heating of the schools, there are several of the older types of buildings which it is almost impossible to improve without extensive structural alterations. The routine disinfection and cleansing of the schools is efficiently carried out.

VI.

(A.) ORGANISATION AND ADMINISTRATION.

These arrangements have already been given in detail in the Report for the year ending July, 1920 (pp. 8-10).

(B.) SCHOOL NURSES.

1. NUMBER ON STAFF.

The present number of nurses on the staff is the same as last year, viz., eleven. However, the appointment of an extra nurse for Medical Inspection and Supervision has been sanctioned, and she will take up duty at the beginning of next session.

2. DUTIES IN SCHOOL.

The duties of the Nursing Staff were set forth in last year's Report (page 10).

3. DUTIES IN VISITING.

These duties are explained in last year's Report (page 11). During the present session 399 visits were paid to the homes for the purpose of "following up" cases found during the School Medical Officers' visits at the schools.

(C.) ARRANGEMENTS FOR "FOLLOWING UP."

For these arrangements see page 11 of Report for year ending July, 1920. Very valuable assistance has again been given by the Officers of the Society for the Prevention of Cruelty to Children in dealing with several cases of criminal neglect. Thanks are due to the Officers of the Local Sanitary Authorities for their help in dealing with the homes of certain of the children who were found to be verminous.

(D.) SUPERVISION OF INFECTIOUS DISEASE, INCLUDING SCHOOL CLOSURE.

For arrangements under this heading, see page 11 of Report for year ending July, 1920.

During the year under review Dr J. Hume Patterson, County Bacteriologist, examined and reported on the undernoted specimens submitted to him by the School Medical Officers:—

Ringworm, 86; Sputum, 2.

(E.) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

For arrangements regarding co-ordination with the various Health Authorities in the County and Burghs, see pages 11 and 12 of last year's Report.

(F.) PRESENCE OF PARENTS AT INSPECTION.

The remarks under this heading in last year's Report still apply. Approximately, 20 per cent. of the children examined are accompanied by their parents. Should the parent not be in attendance at the examination, and should the Medical Officer find any condition in a child which calls for a special interview, a request is sent to the parent concerned to meet the Medical Officer.

(G.) SPECIAL EXAMINATIONS.

Throughout the year a considerable number of special examinations were made by the Medical Officers. These examinations dealt principally with physically and mentally defective cases. A special census of mentally defective children in the whole educational area was undertaken at the request of the Scottish Education Department, in June. Altogether, 213 children were specially examined for physical, and 215 for mental defect. In addition to the foregoing, a very large number—roughly 20,000—of scholars were specially examined during the recent industrial crisis, to ascertain the state of nutrition of the children attending school.

VII.

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

(A.) TOTAL NUMBER OF CHILDREN EXAMINED.

(a) At Sytematic Examinations:—		Boys.	Girls.
Entrants (6 years old and under)	7274	7195	
Intermediates (9 years old)	4773	4677	
Seniors (12 years old)	5069	4683	
Higher Grade (16 years old and over) ...	92	160	
		<hr/>	<hr/>
		17,208	16,715
		<hr/>	<hr/>
Total		33,923	
		<hr/>	<hr/>
(b) Special Cases (non-routine)		3,899	
		<hr/>	<hr/>
Grand Total		37,822	
		<hr/>	<hr/>
(c) Pupils examined at Re-visits:—			
Number examined at 1st re-visit		9,295	
„ „ 2nd „		7,829	
„ „ 3rd „		5,418	
„ „ 4th „		1,552	
		<hr/>	<hr/>
		24,094	
		<hr/>	<hr/>
(d) Examinations of Junior Students:—			
Entrants		91	
During Training (1st, 2nd, and 3rd Years)...		168	
		<hr/>	<hr/>
		259	
		<hr/>	<hr/>
(e) Examination of Physically and Mentally Defective Children in attendance at Special Classes:—			
1. Physically Defective		46	
2. Mentally Defective... ..		16	
		<hr/>	<hr/>
(f) Special Examination of Physically and Mentally Defective Children:—			
1. Physically Defective		213	
2. Mentally Defective		215	
		<hr/>	<hr/>

*(g) Special Examination of Children for Malnutrition:—

Number examined (approximately) 20,000

*These examinations were specially undertaken at the request of the Education Authority during the recent period of acute industrial depression (January—June, 1921).

(B.) NUMBER OF CHILDREN NOTIFIED TO PARENTS AS SUFFERING FROM DEFECTS.

The number of children notified to parents during the year, on account of some defect or other—exclusive of defective teeth—was 8,631, and the number of defects from which these children suffered was 13,235.

The principal defects calling for notification (i.e., requiring immediate attention) were:—Uncleanliness of head, body or clothing, 3,616; unsatisfactory clothing and footgear, 1,031; defective vision (including squint), 5,606; external eye disease, 602; enlarged tonsils and adenoids, 2,279; diseases of the ear, 425; skin diseases, 749; other conditions, 327.

In addition to the foregoing, 34,770 pupils were notified for defective teeth.

(C.) NUMBER OF CHILDREN RECEIVING ATTENTION, EXCLUSIVE OF DEFECTIVE TEETH.

Of the 8,631 pupils notified, 6,168, or 71.4 per cent., were found on re-examination to be cured, improved, or under treatment. Of the cases of visual defect, 2,122 were treated by the Education Authority's Ophthalmic Surgeons. Reference to the Dental Report and to the Report on Ear, Nose and Throat conditions shows the number of children treated by the Authority's Dental Surgeons and by the Ear, Nose and Throat Specialist.

(D.) CLOTHING.

Systematic Cases.							Special Cases.
Number Examined.	Insufficient.		In need of Repair.		Dirty.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
33,923	90	26	458	1.35	679	2.0	215

(E.) FOOTGEAR.

Systematic Cases.			Special Cases.
Number Examined.	Unsatisfactory.	Percentage.	Number found Unsatisfactory.
33,923	708	2.08	35

(F.) AVERAGE HEIGHTS AND WEIGHTS.

BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years,	5½	9½	12½
County of Lanark Average, ...	41·9	49·8	55·2
Anthropometric Standard, ...	42·5	50·7	56
Difference,	-0·8	-0·9	-0·8

GIRLS—AVERAGE HEIGHT IN INCHES.

Average age in years,	5½	9½	12½
County of Lanark Average, ...	41·3	49·2	55·4
Anthropometric Standard, ...	41·8	50	56·8
Difference,	-0·5	-0·8	-1·4

BOYS—AVERAGE WEIGHT IN LBS.

Average Age in years,	5½	9½	12½
County of Lanark Average, ...	41·5	61·5	75
Anthropometric Standard, ...	42·1	64·9	79·4
Difference,	-0·6	-3·4	-4·4

GIRLS—AVERAGE WEIGHT IN LBS.

Average Age in years,	5½	9½	12½
County of Lanark Average, ...	40·5	59·2	74·8
Anthropometric Standard, ...	41·0	59·3	80·2
Difference,	-0·5	-0·1	-5·4

(G.) (1) CLEANLINESS OF HEAD.

Systematic Cases.					Special Cases.
No. Examined.	Dirty (including Nits).	Per cent.	Verminous.	Per cent.	No. found defective.
33,923	3500	10·31	532	1·56	414

(G.) (2) CLEANLINESS OF BODY.

Systematic Cases.					Special Cases.
No. Examined.	Dirty.	Per cent.	Verminous.	Per cent.	No. found defective.
33,923	1034	3·04	408	1·2	268

(H.) (1) CONDITION OF SKIN—(HEAD).

Systematic Cases.									Special cases.
No. Examined.	Ring-worm.	Per cent.	Impetigo	Per cent.	Favus.	Per cent.	Other Diseases.	Per cent.	No. found defective.
33,923	35	·1	245	·7	...	...	140	·4	165

(H.) (2) CONDITION OF SKIN—(BODY).

Systematic Cases.									Special cases.
No. Examined	Ring-worm.	Per cent.	Impetigo	Per cent.	Scabies.	Per cent.	Other Diseases.	Per cent.	No. found defective.
33,923	3	·008	21	·06	73	21	48	·14	185

(I.) NUTRITION.

Systematic Cases.							Special Cases.
No. Examined	Average and above Average.		Below Average.		Very bad.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
33,923	33,382	98·4	492	1·45	49	·14	44

(J.) TEETH.*

Systematic Cases.							Special Cases.
No. Examined.	1-4 Decayed.		5 or more decayed.		Oral Sepsis.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
10,004	5052	50·5	465	4·64	18	·18	129

*12 year group, 16 year group, and selected cases only.
6-10 years group included in Dental Surgeons' Report.

(K.) (a) NOSE.

Systematic Cases.							Special Cases.
No. Examined.	Catarrh.		Obstruction.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
33,923	116	·34	151	·44	119	·35	52

(i.) (b) THROAT

Systematic Cases.										Special Cases.	
Number Examined.	Tonsils.			Adenoids.				Other Diseases.		Number found Defective.	
	Slightly Enlarged.		Markedly Enlarged.		Probably Present.		Present.				
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.			
33,923	5309	15·6	1608	4·7	304	·89	442	1·3	106	·31	269

(K.) (c) LYMPHATIC GLANDS (Submaxillary and Cervical).

Systematic Cases.						Special Cases.			
Number Examined.	Palpably Enlarged.		Markedly Enlarged.		Suppurating.		Cicatrices.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
33,923	4663	13.7	150	.43	4	.01	146	.43	33

(L.) EXTERNAL EYE DISEASES.

Number Examined.	Systematic Cases.								Special Cases.		
	Blepharitis.		Conjunctivitis.		Corneal Opacities.		Strabismus.		Other Diseases.		
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.			
33,923	537	1.6	61	.17	26	.07	483	1.4	89	.26	501

(M.) VISUAL ACUITY.

Number Examined.	Systematic Cases.						Special Cases.
	Good Vision.		Fair Vision.		Bad Vision.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
*19,454	17,462	89.7	1261	6.4	731	3.7	1008

*Infant Children not included.

(N.) EARS.

Systematic Cases.							Special Cases.
Number Examined.	Otorrhoea.		Wax.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
	183	.53	594	1.7	22	.06	
33,923							155

(O.) HEARING.

Systematic Cases.					Special Cases.
Number Examined.	Slightly Deaf.		Markedly Deaf.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
	91	.26	6	.02	
33,923					57

(P.) SPEECH.

Systematic Cases.					Special Cases.
Number Examined.	Defective Articulation.		Stammering.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
33,923	56	.16	34	.1	22

(Q.) MENTAL CONDITION.

Systematic Cases.					Special Cases.	
Number Examined.	Dull or Backward.		Mentally Defective.		Dull or Backward.	Mentally Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Number.
33,923	80	.23	12	.03	54	19

(R.) HEART AND CIRCULATION.

Systematic Cases.							Special Cases.	
Number Examined.	Organic.				Functional.		Anemia.	
	Congenital.		Acquired.		Number.	Per cent.	Number.	Per cent.
	Number.	Per cent.	Number.	Per cent.				
	33,923	20	.05	6	.02	34	.1	351	1.03
								65

(S.) LUNGS.

Systematic Cases.							Special Cases.		
Number Examined.	Chronic Bronchitis.		Tuberculosis.		Tuberculosis Suspected.		Other Diseases.	Number found Defective.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.			
33,923	182	.5	8	.02	13	.03	14	.03	22

(T.) NERVOUS SYSTEM.

Systematic Cases.										Special Cases.	
Number Examined.	Epilepsy.		Chorea.		Infantile Paralysis.		Other Diseases.		Number found Defective.	2	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.			
33,923	6	.02	19	.05	21	.06			

(U.) TUBERCULOSIS (NON-PULMONARY).

Systematic Cases.										Special Cases.	
Number Examined.	Glandular.		Bones and Joints.		Abdominal.		Skin.		Other Forms.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
33,923	3	.008	2	.005	1	.002	2	.005	3	.008	9

(V.) RICKETS.

Systematic Cases.					Special Cases.
Number Examined.	Slight.		Marked.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
33,923	147	.43	7	.02	11

21

(W.) DEFORMITIES.

Systematic Cases.					Special Cases.
Number Examined.	Congenital.		Acquired (Non-Rhachitic).		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
33,923	41	.12	7	.02	6

(Y.) OTHER DISEASES AND DEFECTS.

Other diseases and defects, not included in the foregoing Tables, to the number of 252, were discovered during the examinations of the scholars. Of these defects the chief are:—Enlarged thyroid, 60; bifid uvula, 20; cleft palate and hare lip, 7; hernia, 4; hydrocephalus, 2; haemophilia, 1; confirmed smokers, 74.

VIII.

SPECIAL SCHOOLS AND CLASSES.

1. PHYSICALLY DEFECTIVE CHILDREN.

There are Special Classes for physically defective children at Knowetop Public School, Motherwell, and St. John's Special School, Hamilton. The special class at Hamilton was started after the Easter holidays. It is proposed to establish additional special classes at the commencement of next session, at Gateside Public School, Cambuslang, and at Coatbridge Public School.

In addition to these classes a considerable number of physically defective children are being educated in Institutions.

2. MENTALLY DEFECTIVE CHILDREN.

The arrangements at present in force have already been explained in the Report for the year ending July, 1920 (page 26).

3. BACKWARD CHILDREN.

No special classes for the education of these children have, so far, been established.

4. BLIND AND PARTIALLY BLIND CHILDREN.

5. DEAF AND DEAF MUTE CHILDREN.

For arrangements regarding the education of these children, see last year's Report (page 26).

IX.

ARRANGEMENTS FOR PHYSICAL EDUCATION.

For arrangements, see last year's Report (page 27).

X.

FEEDING OF CHILDREN.

The feeding of school children is not generally undertaken by the Authority, except in the case of children attending the special classes at Knowetop Public School and St. John's Special School. However, during the acute period of industrial distress which existed from January till July, meals were given at schools to all children who showed special signs of malnutrition, and whose parents were not in a

X

INFECTIOUS OR CONTAGIOUS DISEASE TABLE.

The following Tabular Statement shows the number of Scholars excluded from attendance at School, the disease or cause for which exclusion was necessary, and the various Sanitary Areas in which the conditions occurred :—

SANITARY AREA.	Mumps.	Ringworm.	Scabies.	Impetigo.	Epidemic Conjunctivitis.	Other conditions Eyes.	Pulmonary Tuberculosis.	Glandular Tuberculosis.	Osseous Tuberculosis.	Abdominal Tuberculosis.	Skin Lupus.	Diphtheria.	Scarlet Fever.	Measles.	Chickenpox.	Whooping Cough.
COUNTY—																
Upper Ward,...	2	2	18	9	...	...	...	2	...	...	...	...	...	...	...	...
Middle Ward,	4	16	74	152	47	2	2	3	3	3	...	...	1	...	3	1
Lower Ward, ...	...	1	1	12	...	3	...	...	...	...	...	...	...	...	...	...
BURGHS—																
Airdrie, ...	...	2	...	22	2	...	3	...	...	...	...	...	...	2	...	1
Biggar, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coatbridge, ...	...	2	17	8	2	...	...	3	...	1	...	...	...	...	1	...
Hamilton, ...	...	5	6	33	2	...	1	1	...	...	...	...	...	...	...	...
Motherwell, ...	...	12	13	29	...	...	2	1	...	...	...	...	...	...	1	...
Lanark, ...	...	...	...	7	...	...	...	...	...	...	...	1	...	...	...	...
Rutherglen, ...	...	4	2	16	8	2	...	2	...	...	1	...	...	...	...	1
Wishaw, ...	...	3	22	34	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL, ...	6	47	153	362	61	7	8	12	3	4	1	1	1	2	5	3

**TABLE A.—All Pupils Examined at the Systematic Examination for the
Year ending 31st July, 1921.**

SCHOOL MANAGEMENT AREAS.	SCHOLARS EXAMINED IN EACH GROUP.											*Conditions Notified.	Average Number of Scholars on Register.
	Infants (6 years & under).		Age Group (9 Years).		Seniors (12 Years.)		Higher Grade (16 Years.)		Selected Cases.		TOTAL.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.			
Arondale.	68	58	31	37	33	38	...	...	2	7	274	64	845
Biggar,	50	56	29	33	43	36	6	3	4	...	260	27	685
Blantyre,	248	232	198	216	170	140	...	...	71	62	1337	346	3696
Bothwell,	812	832	526	527	508	517	3	17	201	200	4143	1731	12770
Cadder,	271	241	179	191	161	135	...	...	98	93	1369	534	3851
Cambuslang,	404	380	212	198	206	241	...	...	122	109	1872	528	5292
Cambusnethan, ..	378	380	334	290	313	321	8	19	98	106	2247	1200	6758
Carluke,	97	90	106	107	81	103	1	2	21	22	630	171	1939
Carnwath,	91	97	68	67	78	73	...	...	11	11	496	174	1480
Dalserf,	294	295	195	183	259	215	...	...	75	66	1582	315	4523
Dalziel,	670	655	514	501	581	496	13	13	191	186	3823	1857	11118
Douglas,	38	54	33	35	23	39	...	...	7	4	233	31	531
East Kilbride, ...	34	35	30	40	39	28	...	...	38	40	281	97	631
Glassford,	23	25	14	19	9	14	...	...	3	...	107	12	287
Hamilton,	583	668	511	478	548	531	28	80	160	181	3768	977	10751
Lanark,	211	217	148	134	163	174	6	8	55	40	1156	221	3270
Lesmahagow, ...	176	162	114	117	144	107	...	...	32	41	893	104	2365
New Monkland, ...	626	627	444	434	478	425	13	4	181	200	3432	1337	9228
Old Monkland, ...	1217	1158	550	577	689	543	14	14	264	322	5348	1874	12975
Rutherglen, ...	523	538	250	229	277	266	...	...	218	174	2475	1029	5669
Shotts,	373	308	213	211	216	189	...	...	93	76	1679	561	4875
Southern,	38	38	20	17	23	22	...	...	4	2	161	21	393
Stonehouse,	49	49	54	33	27	30	...	...	3	8	253	24	757
TOTALS,	7274	7195	4773	4677	5069	4683	92	160	1949	1950	37822	13235	104689

*Defective Teeth not included.

OPHTHALMIC AND DENTAL TREATMENT.

TABLE C.—Showing total number of cases treated in the various School Management Committee areas by the Authority's Ophthalmic and Dental Surgeons.—

School Management Area.	Ophthalmic Treatment No. of Cases Treated.	Dental Treatment. No. of Cases Treated.
Avondale	5	110
Biggar	10	117
Blantyre	70	467
Bothwell	267	1057
Cadder	131	408
Cambuslang	115	509
Cambusnethan... ..	115	464
Carluke	41	314
Carnwath	20	339
Dalserf	37	259
Dalziel... ..	156	1075
Douglas... ..	—	61
East Kilbride	11	68
Glassford	1	44
Hamilton	258	1406
Lanark	79	532
Lasmahagow	19	205
New Monkland... ..	214	1227
Old Monkland... ..	350	1729
Rutherglen... ..	158	374
Shotts	54	647
Southern	6	86
Stonehouse... ..	5	88
	<hr/> 2122 <hr/>	<hr/> 11,586 <hr/>

position to provide adequate feeding at home. Although the need for such feeding was greatest in the congested industrial areas, there was scarcely a district, even in the rural parts of the county, which was not affected. The only districts which might be said to have escaped from the prevailing distress were those which are purely agricultural.

As a general rule the food provided consisted of a hot mid-day meal—generally soup and bread—but where the need was greatest additional meals were also given. Altogether a total of 3,268,824 meals were provided during the period under discussion.

XI.

ARRANGEMENTS FOR MEDICAL TREATMENT.

Generally, the arrangements for medical treatment throughout the Educational Area remain similar to those in force last year (see pages 27 and 28 of Report for year ending July, 1920). However, early in the session, a travelling dental outfit was purchased to overtake the treatment of children residing in rural districts. The success attending this venture has exceeded the most optimistic anticipations. In certain of the rural schools, where, formerly, less than 5 per cent. of the pupils accepted dental treatment, a percentage of from 80 to 100 was recorded this year. Taking into consideration the great demand for dental treatment in the rural districts, and the widely scattered and extensive areas to be covered, it is proposed to provide a second travelling dental outfit.

For details of treatment of defective vision, defective teeth, and diseases of the ear, nose and throat, see respective reports.

REPORT BY THE AUTHORITY'S WHOLE-TIME OPHTHALMIC SURGEON.

(DR ERNEST THOMSON.)

A reference to last year's Report will show that, at that time, the Authority's scheme of part-time Ophthalmic work was only partially in working order, and that there had necessarily been overlapping of the work by the whole-time and part-time Ophthalmic Surgeons.

In the present Report the complete year's work is shown in separate Tables—one set of Tables by the whole-time Ophthalmic Surgeon, and a set of Tables each by the part-time Surgeons.

In addition, Table C. shows at a glance the total number of children attending as new cases for visual and dental treatment.

Leaving the part-time Ophthalmic Surgeons to speak for themselves in their own reports, reference may be made to the principal facts in the Tables D. E. and F., which show the work of the writer as whole-time Oculist.

In last year's Report the following remark occurs:—"Such re-visiting is of the utmost importance, so that it is doubtful whether the number of new cases treated in 1914-1915 can be equalled or exceeded." This number of new cases in the first year of the Treatment Scheme—1914-1915—was 1498, but the amount of re-visiting required was, naturally, very small. Table D. of the present Report shows that, in this complete post-war year with everything running smoothly, except for the miners' strike and dislocation of railway services, it has not been possible to reach the pre-war figure. The number of new cases has risen from 1092 in 1919-20, to 1147, but the re-visits have also increased from 1180 to 1522, and the total attendances from 2349 to 2713.

In considering the maximum number of children with whom it might be possible to deal in a given number of days or hours, a larger figure would undoubtedly emerge; but it is impossible in practice to reach such a figure, because there is a certain amount of leakage, due to non-attendance of children whose parents have agreed to send them. In some districts this leakage is much greater than in others. It is perhaps most marked in the remoter country areas, where poor travelling facilities, or bad weather, or both combined, may prevent the attendances, quite reasonably, of many children. Now, non-attendance in remote districts is the more unfortunate, in that these districts, in the nature of things, can only be visited occasionally by the Ophthalmic Surgeon, so that, either the children must wait a long time for the next visit, or they must be brought to the office in

Hamilton. Meantime, of course, some of them have left school, and when re-summoned do not attend, thereby causing another source of leakage. Further, in these country districts, it may be necessary to travel a long distance in order to see a small number of children. For all these reasons it is not possible to say that in a given number of days a given number of children will be examined, more especially since the Treatment Scheme remains on a voluntary basis.

Mention of the office consulting room leads one to say that 106 attendances were made there. The number is not very large, but the usefulness of the consulting room cannot be gauged by the mere number of cases. In addition to routine cases brought, because, for one reason or another, they have not been examined at the centres, or because a re-visit is urgently required, a good many children are sent by the School Medical Officers to the whole-time Ophthalmic Surgeon for opinion.

Turning to Table E., which gives details of conditions other than refraction errors pure and simple, we find the usual very large number of cases of convergent squint. This remains at about 25 per cent. of the total number of children presented for treatment. It is a high figure, and means a great loss of visual efficiency in after life, as has been explained in previous Reports. The remedy is difficult to put into practice. It amounts to this, that if the parents could be persuaded to seek advice of the specialist as soon as a squint is noticed—not more than a few weeks at the most after its commencement—a great deal of this visual loss might be prevented. Local treatment, and, in many cases, optical correction of the eyes at once, even if it is necessary, in a young child, to tie the spectacles on to the head, would go far to prevent the loss of vision which occurs in a squinting eye when the squint commences early in life. The greatest difficulty does not occur with the squint which commences after school life has begun. The eyes which are most liable to deteriorate in vision are those which squint in the early pre-educational years. The School Medical Service is doing all it can for the squinters, but it is up to the parents and their family doctors to recognise, a great deal more fully than at present, the necessity of early treatment of those squinters who cannot yet be examined by the School Medical Officers. One must admit the difficulties that occur in getting young children to wear spectacles, and one cannot entirely disregard the fears of the parents that the glasses will get broken and injure the eyes. But, when all is said, the risk of injury is remote, and, in any case, a blow which would suffice to break the glass would be likely to damage the eye. Further, as is well known, spectacles in general act as protectors of the eyes from many minor injuries. A greater and more real difficulty is the preservation of the spectacles from twisting and general distortion such as will neutralize their benefits. The keeping of spectacles in order for a young child, or even a school child, is a source of considerable expense in all but the most docile. But to all arguments of this kind there remains the answer that the loss of visual efficiency caused by early occurring squint is enormous.

The remainder of Table E. calls for little comment.

Two principal classes of opacity of the transparent media of the

eye occur. The first is represented by corneal ulcers and the resulting corneal opacities. These are mainly preventable, in that they depend generally on nutritional fault and tend to be most marked among the poorer children. The second is represented by cataract. Other non-preventable congenital anomalies occur, such as word-blindness—which has already been commented upon in previous reports—and nystagmus.

In the course of the past few years a series of cases of a peculiar form of anterior choroiditis, chronic in type, and, as a rule, affecting one eye only, has been under observation. The cause, up to the moment, remains obscure. Such cases are noted—two in number—in the present report (Table E.) under a separate heading. In previous reports they were not separated but were included under the general heading choroido-retinal changes. Further investigation of this type of case is called for.

Table F. is mainly of technical interest. For the benefit of those interested in statistics of this kind a word of explanation may be given regarding the classification by eyes instead of by individuals. Many individuals have two eyes widely different in their refraction. Such cases—when classifying by individuals—are slumped together under the heading "Anisometropia." This word merely means that the refraction is unequal in the two eyes, and, therefore, for statistical purposes, is valueless. It has been thought more useful in this and previous reports to give up the classification by individuals—which is vitiated by the use of the term "Anisometropia"—and to classify eyes independently of individuals.

It will be noted that 354 eyes treated by spectacles had myopia or myopic astigmatism. This may be taken roughly as representing 177 individuals, the exact number being indeterminate, since a certain proportion of individuals will have had myopia or myopic astigmatism in one eye only. Taking the individuals as 177, the percentage of myopia and myopic astigmatism works out at 18.2. If reference be made to the Report for 1916-17 it will be found that an accurate statement of the percentage of myopia from 1914 to 1917 was there given, namely 17.8 per cent. of all the children examined. The two percentages are close enough to indicate that the amount of myopia in our school children examined remains practically stationary. This is what one would anticipate.

As a final word, in view of the fact that the present writer is leaving the Authority's whole-time service, reference may well be made to the eclipse of the sun which took place this year (1921). It occurred on a particularly cloudless day and was watched by hundreds of children. Many of them protected the eyes in one way or another when watching the sun, but others were quite insufficiently protected. Every solar eclipse has an aftermath of damaged eyes. The writer has already seen several children whose visual defect might have been due to observation of the sun without sufficient protection of the eyes. At any rate, the circumstance and its possibilities should be borne in mind.

OPHTHALMIC TREATMENT.

TABLE D.—Showing (a) Total Number of Cases Examined ; (b) Number Revisited ; (c) Total Attendances at Clinic ; (d) Number Treated by Glasses ; (e) Number Treated Otherwise or Advised ; (f) Number Uncompleted or not Requiring Treatment. Year ending 31st July, 1921.

TREATMENT CENTRE	Number of Children Examined.	*Number of Children Revisited.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted, and Cases not requiring Treatment.
*Office Clinic,	8	9	17	6	2	0
Abington,	6	22	28	4	2	0
Airdrie,	231	210	447	189	32	10
Baillieston,	62	149	211	52	8	2
Bellshill,	149	161	318	131	9	9
Biggar,	11	29	42	10	0	1
Bishopbriggs,	64	56	120	55	7	2
Blantyre,	70	88	163	59	5	6
Carluke,	47	39	87	34	9	4
Carnwath,	20	25	45	16	1	3
Chryston,	68	96	166	61	6	1
East Kilbride,	11	12	23	10	1	0
Lanark,	73	73	147	59	11	3
Larkhall,	41	68	109	33	8	0
Lesmahagow,	19	35	54	17	1	1
Shotts,	53	94	148	49	3	1
Strathaven,	8	15	23	7	1	0
Uddingston,	95	141	243	84	5	6
Wishaw,	111	200	322	96	7	8
	1147	1522	2713	972	118	57

* The figures given under " Office Clinic " do not represent the totals at the Office Consulting Room, but only those cases specially referred to the whole-time Ophthalmic Surgeon by the School Medical Officers or part-time Ophthalmic Surgeons, and not otherwise recorded under the various Treatment Centres.

OPHTHALMIC TREATMENT.

TABLE E.—Giving Details of Conditions, other than Refraction Errors, whether Treated or Advised.
Year ending 31st July, 1921.

TREATMENT CENTRE.	No. of Children Examined.	Squint (Convergent).	Squint (Divergent).	Corneal Opacity.	Leucoma Adherens.	Corneal Ulcer.	Conjunctivitis and Blepharitis.	Phlyctenular Con- junctivitis & Keratitis.	Xerosis of Conjunctiva.	Lacrymal Disease.	Cataract.	Choroido-Retinal Changes (Myopic).	Do. other than Myopic.	Sequelae of Iritis.	Optic Atrophy.	Nystagmus.	Congenital Word or Letter Blindness.	Other Congenital Defects.	Anophthalmos.	Retinitis Pigmentosa	Aphakia.	Ptosis.	Chalazion.	Results of Injury.	Hordeolum.	Chronic Anterior Choroiditis
*Office Clinic,...	8	...	...	1	...	...	..	...	...	...	..	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Abington, ...	6	1	...	...	...	...	..	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Airdrie, ...	231	51	5	15	...	2	8	3	...	1	...	4	1	1	1	3	...	...	1	...	...	1	...	...	...	...
Baillieston, ...	62	22	1	6	..	1	3	1	...	...	...	1	2	1	...	...	...	1	..	...	...	...	...	...	...	...
Bellshill, ...	149	48	...	15	1	...	6	...	...	...	1	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...
Biggar, ...	11	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bishopbriggs, ...	64	15	1	6	...	1	1	...	...	...	1	1	1	1	...	1	...	...	...	1	...	...	...	1	...	...
Blantyre, ...	70	16	...	7	...	1	3	1	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	...	...	...
Carlisle, ...	47	9	1	2	...	...	...	...	...	1	1	...	1	...	...	2	...	...	1	...	...	...	...	...	...	1
Carnwath, ...	20	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	1
Chryston, ...	68	16	...	1	1	...	3	2	...	...	1	...	...	...	1	1	...	...	...	...	1	...	...	...	...	...
East Kilbride, ...	11	5	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lanark, ...	73	20	1	6	1	1	6	4	3	...	2	1	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Larkhall, ...	41	13	...	3	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Lamahagow, ...	19	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Shotts, ...	53	18	...	3	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Strathaven, ...	8	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Udding-ton, ...	95	23	...	3	...	...	3	1	...	...	1	2	...	...	...	2	...	...	...	...	...	...	...	...	1	...
Wishaw, ...	111	25	1	5	...	...	4	1	...	...	...	6	...	...	...	...	...	...	...	...	...	1	...	...	...	...
	1147	289	10	75	3	6	39	14	3	2	7	19	5	4	2	10	1	3	2	1	1	2	2	2	4	2

* See Foot-Note, Table D.

OPHTHALMIC TREATMENT.

TABLE F.—Indicating the nature of the errors corrected by Spectacles, each eye considered separately—972 cases. Year. ending 31st July, 1921.

	R.	L.
Hypermetropia	309	320
Hypermetropic Astigmatism, simple and compound	351	352
Myopia	65	65
Myopic Astigmatism, simple and compound	115	109
Mixed Astigmatism	101	96
Eyes not requiring correction, or too defective for correction.. ...	31	30
	<hr/>	<hr/>
Total	972	972
	<hr/>	<hr/>

REPORT ON OPHTHALMIC TREATMENT IN RUTHERGLEN AND CAMBUSLANG DISTRICTS.

(II. SOMERVILLE MARTYN, M.A., M.B., Ch.B.)

During the period under review (1st August, 1920—31st July, 1921), the total number of cases fully examined by me at the Rutherglen Clinic was 129, consisting of 54 boys and 75 girls. The number of children re-visited was 135, and the total number of attendances at the clinic was 264.

At the Cambuslang Clinic the total number of children fully examined was 144, consisting of 65 boys and 79 girls. The number re-visited was 130, and the total attendances at the clinic was 274.

What was written in last year's Report on the subject of squint still holds good, and every effort should be made to bring all squinting children under treatment at the earliest possible moment. The School Medical Officers have impressed this on all teachers, but the great stumbling-block to progress is the apathy or antagonism of the parents themselves. Unfortunately, many parents still refuse to regard squint as a serious disability, and, until they do so, many children will suffer not only from permanent loss of visual power but also from an unsightly disfigurement.

In the vast majority of cases the visual acuity of the children treated was greatly improved by suitable glasses. Re-visits showed that where glasses had been procured, the prescriptions had been accurately executed by the optician and the frames were well-fitting.

The following Tables give an analysis of the work at the clinics:—

RUTHERGLEN CLINIC.

(A.) Table showing Nature of the Errors Corrected by Spectacles.

	Boys.		Girls.	
	R.	L.	R.	L.
Hypermetropia	8	8	11	9
Hypermetropic Astigmatism, simple and compound	22	22	40	40
Myopia	7	7	3	5
Myopic Astigmatism, simple and compound	5	5	13	11
Mixed Astigmatism	6	4	5	6
Eyes not requiring correction, or too defective for correction.. .. .	6	8	3	4
Total	54	54	75	75

(B.) Table showing Conditions, other than Refraction Errors, whether Treated or Advised.

	Boys.	Girls.
Squint (convergent)	19	18
Squint (divergent)	—	—
Corneal Opacities	9	7
Corneal Ulcers	—	—
Conjunctivitis and Blepharitis.. ...	7	1
Phlyctenular Conjunctivitis & Keratitis	—	—
Choroido-Retinal Changes (Myopic) ...	—	—
" " (other than Myopic)	—	—
Aniridia	1	—
Nystagmus	1	1
Cataract	4	—
Optic Atrophy	—	1
	41	28
	<u> </u>	<u> </u>

(C.) Table showing Schcols from which cases were obtained.

School.	No. of Children examined.		No. of Children re-visited.	
	Boys.	Girls.	Boys.	Girls.
Burgh Public	12	11	7	14
Farie Street.	12	10	11	9
Gallowflat	8	14	3	9
Macdonald..	7	21	5	13
Stonelaw H.G..	1	2	6	5
Rutherglen R.C.... ...	14	17	13	12
	—	—	—	—
	54	75	45	62
	<u> </u>	<u> </u>	<u> </u>	<u> </u>

CAMBUSLANG CLINIC.

(4.) Table showing Nature of the Errors Corrected by Spectacles.

	Boys.		Girls.	
	R.	L.	R.	L.
Hypermetropia	19	20	21	23
Hypermetropic Astigmatism, simple and compound	32	30	35	32
Myopia	1	4	2	4
Myopic Astigmatism, simple and compound	5	3	11	7
Mixed Astigmatism	3	3	4	3
Eyes not requiring correction, or too defective for correction.. ...	5	5	6	10
	—	—	—	—
Total	65	65	79	79
	<u> </u>	<u> </u>	<u> </u>	<u> </u>

(B.) Table showing Conditions, other than Refraction Errors, whether Treated or Advised.

	Boys.	Girls.
Squint (convergent)	27	23
Squint (divergent)	2	3
Corneal Opacities	2	10
Corneal Ulcers	—	—
Conjunctivitis and Blepharitis.. ...	2	5
Phlyctenular Conjunctivitis & Keratitis	1	—
Choroido-Retinal Changes (Myopic) ...	—	—
„ „ (other than Myopic)	3	1
Albino	1	1
Nystagmus	1	2
Cataract	—	2
Coloboma	1	1
	—	—
	40	48
	<u> </u>	<u> </u>

(C.) Table showing Schools from which cases were obtained.

School.	No. of Children examined.		No. of Children re-visited.	
	Boys.	Girls.	Boys.	Girls.
Cambuslang	6	14	1	9
Eastfield	12	17	4	11
Hallside	5	13	5	11
Kirkhill	—	—	1	—
Newton Public.. ...	4	5	2	4
West Coats H.G... ..	15	9	6	10
Newton R.C.	3	3	4	8
Gateside	2	7	1	3
St. Bride's R.C.	18	11	6	9
	—	—	—	—
	65	79	30	65
	<u> </u>	<u> </u>	<u> </u>	<u> </u>

REPORT ON OPHTHALMIC TREATMENT IN COATBRIDGE DISTRICT.

(W. HISLOP MANSON, M.A., M.D., F.R.F.P.S.G.)

During the session 269 cases were examined, consisting of 115 boys and 154 girls; the number of re-visits was 253. The total attendances at the clinic were 522. The details of these examinations are given in the following Tables A. B. and C.

Last year I referred to the necessity of correcting large errors of refraction with few symptoms and fairly good vision. This still remains the greater part of the work done at the clinic, but other defects are also brought to light. Children whose vision is too defective to be improved by glasses are found; others to whom close study would be injurious are detected. These two classes are referred to the School Medical Officer, and dealt with by him according to their needs.

During this last session I have noted five cases whose vision, before the special examination given to cases referred to me, was up to the standard. On detailed examination these children had very slight errors of refraction, and, on enquiry, it was found that the chief complaint was headache. With the use of proper glasses this headache disappeared. It is well known that these small refraction errors are a frequent source of very troublesome headaches.

To me the proof of the value of the work done is shown at the re-visits. It is disappointing to find at some of the re-visits that less than half of the children summoned attend, but the office work is so thorough that ultimately almost all the children are seen a second time.

At the end of the school year it was found that, owing to the prevalent industrial distress, a number of the parents who, at the time of accepting treatment, had intimated their ability to pay the cost of spectacles for their children were unable to do so. This number only amounted to 14 per cent. of those treated at the Coatbridge Clinic.

(4.) Table showing Nature of the Errors Corrected by Spectacles.

	Boys.		Girls.	
	R.	L.	R.	L.
Hypermetropia	37	40	28	28
Hypermetropic Astigmatism, simple and compound	48	48	76	79
Mycopia	5	7	7	8
Mycopic Astigmatism, simple and compound	13	12	21	16
Mixed Astigmatism	5	5	9	7
Eyes not requiring correction, or too defective for correction.. ...	7	3	13	16
Total	115	115	154	154

(B.) Table showing Conditions, other Than Refraction Errors, whether Treated or Advised.

	Boys.	Girls.
Squint (convergent)	41	43
Squint (divergent)	2	—
Corneal Opacities	10	23
Corneal Ulcers	—	1
Conjunctivitis and Blepharitis.. ...	5	5
Phlyctenular Conjunctivitis & Keratitis	2	—
Choroido-Retinal Changes (Myopic) ...	—	—
„ „ (other than Myopic)	—	2
Nystagmus	—	1
Cataract	—	2
Albino	—	1
Optic Atrophy	2	—
Synechia Anterior	1	—
Congenital Dislocation of Lens... ..	—	1
Posterior Staphyloma	—	5
Lenticonus	1	—
	—	—
	64	84
	<u>—</u>	<u>—</u>

(C.) Table shewing Schools from which cases were obtained.

School.	No. of Children examined.		No. of Children re-visited.	
	Boys.	Girls.	Boys.	Girls.
Blairhill	12	7	14	6
Coatbridge Public.	17	17	8	14
Coatbridge H.G.... ...	3	3	2	—
Coatdyke Public	4	6	3	6
Dundyvan... ..	5	11	7	11
Gartsherrie Academy.....	9	14	11	12
Gartsherrie Public.....	2	1	4	—
Greenhill	4	11	7	15
Langloan	7	12	7	9
Old Monkland..	2	3	5	3
Whifflet Public	3	10	2	11
St. Augustine's R.C.... ..	20	25	19	20
St. Patrick's R.C..	12	11	18	18
Whifflet R.C....	13	22	8	9
Glenboig Public	2	1	4	—
	—	—	—	—
	115	154	119	134
	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

REPORT ON OPHTHALMIC TREATMENT IN HAMILTON DISTRICT.

(JAMES R. WATSON, M.A., M.D., D.P.H.)

The total number of cases examined during the past session was 254, made up of 102 boys and 152 girls; the number of re-visits was 162. The total attendances at the clinic were 416. As usual, most of the cases were correction of errors of refraction, and, in the great majority of cases, much benefit resulted, particularly satisfactory being the moderate myopes who, frequently with poor distant vision, obtained full vision with correction. The difference that such treatment must mean to these pupils is ample justification of the work and expense entailed, and yet it is to be recorded with regret that we still meet parents who simply do not care, and refuse to take advantage of the treatment provided. All the other defects were improved to some extent with one or two exceptions, notably a rare case of mixed astigmatism in which no glass gave any benefit at all, owing to an albinistic condition of the fundi. I have to acknowledge the very valuable help of the school nurse attending the clinic, which enabled me to overtake such a large number of cases.

The following Tables give an analysis of the work of the Hamilton Clinic:—

(A.) Table showing Nature of the Errors Corrected by Spectacles.

	Boys.		Girls.	
	R.	L.	R.	L.
Hypermetropia	48	49	66	59
Hypermetropic Astigmatism, simple and compound	32	31	56	56
Myopia	10	9	15	20
Myopic Astigmatism, simple and compound	5	5	8	7
Mixed Astigmatism	1	1	3	3
Eyes not requiring correction, or too defective for correction.. ...	6	7	4	7
Total	102	102	152	152

(B.) Table showing Conditions, other than Refraction Errors, whether Treated or Advised.

	Boys.	Girls.
Squint (convergent)	23	19
Corneal Opacities	2	2
Conjunctivitis and Blepharitis.. ...	—	4
Phlyctenular Conjunctivitis & Keratitis	—	1
Cheroido-Retinal Changes (other than Myopic)	1	—
Nystagmus	1	1
Strabismus Ophthalmia with Photophobia	—	2
Amblyopia	—	1
	<hr/> 27	<hr/> 30

(C.) Table showing Schools from which cases were obtained.

School.	No. of Children examined.		No. of Children re-visited.	
	Boys.	Girls.	Boys.	Girls.
Hamilton Academy....	1	1	3	—
Beckford Street	11	14	8	13
Bent Road..	4	8	3	—
Beechfield... ..	—	1	—	—
Dykehead... ..	1	1	—	—
Ferniegair... ..	6	3	5	10
Glenlee... ..	9	20	5	15
Greenfield... ..	10	15	4	8
Low Waters	7	11	8	24
Quarter	4	2	3	4
St. John's Grammar... ..	9	8	3	11
Townhead Street... ..	7	7	—	3
Woodside	11	10	2	4
Burnbank R.C.	10	19	5	10
Cadzow R.C.	2	8	—	—
Hamilton R.C.	9	23	5	6
School for the Deaf	1	1	—	—
	<hr/> 102	<hr/> 152	<hr/> 54	<hr/> 108

REPORT ON OPHTHALMIC TREATMENT IN MOTHERWELL DISTRICT.

(JAMES A. WILSON, M.D., D.P.H.)

The number of scholars examined for visual defect and for eye disease was 178, made up of 101 boys and 77 girls. Glasses were prescribed for 153 scholars. The number with defects—other than refractive errors—and with disease, was 72, composed of squints, opacities, diseases, etc. Re-visits for further examination and for checking the glasses prescribed numbered 241, making the total attendances 419.

The vision of the scholars was much improved by the glasses. There are four scholars with fairly high degrees of short-sight, and these are to be recalled at an early date for further observation.

Treatment was prescribed for nine cases of active disease of the eye. There are three cases of congenital defects that may require hospital treatment.

(A.) Table showing Nature of the Errors Corrected by Spectacles.

	Boys.		Girls.	
	R.	L.	R.	L.
Hypermetropia	24	27	14	15
Hypermetropic Astigmatism, simple and compound	42	39	40	40
Myopia	9	8	5	6
Myopic Astigmatism, simple and compound	10	8	7	6
Mixed Astigmatism	2	3	3	2
Eyes not requiring correction, or too defective for correction.. ...	8	10	4	4
Total	95	95	73	73

(B.) Table showing Conditions, other than Refraction Errors, whether Treated or Advised.

	Boys.	Girls.
Squint (convergent)	23	18
Corneal Opacities	8	6
Conjunctivitis and Blepharitis.. ...	4	3
Phlyctenular Conjunctivitis & Keratitis	—	2
Choroido-Retinal Changes (Myopic) ...	1	—
Nystagmus	2	1
Cataract	2	—
Coloboma	1	—
Ptoxis	—	1
	41	31

(C.) Table showing Schools from which cases were obtained.

School.	No. of Children examined.		No. of Children re-visited.	
	Boys.	Girls.	Boys.	Girls.
Calder	5	—	5	2
Craigneuk Public.. ...	1	2	1	8
Dalziel Public.. ...	11	5	16	8
Dalziel High	4	3	6	2
Glencairn	13	9	15	12
Ilamilton Street	5	6	8	5
Knowetop	6	9	6	10
Merry Street	20	7	22	6
Milton Street... ..	1	6	5	13
Muir Street	3	2	4	7
Craigneuk R.C.	10	9	11	21
Motherwell R.C.... ..	10	8	12	11
Carfin Public	3	—	4	1
Newarthill..	—	—	—	3
New Stevenston	6	10	4	11
Carfin R.C..	3	1	1	1
	—	—	—	—
	101	77	120	121
	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

DENTAL TREATMENT.

The Dental Report for this year gives the results of a complete session's work for the whole-time Dental Surgeons employed by the Authority. The record of work done must be considered very satisfactory, in view of the fact that one of the dentists was unfit for duty for several weeks on account of illness. The Dental Surgeons personally examined the teeth of all children, from 6-9 years' old inclusive, whilst the School Medical Officers dentally inspected the older pupils. Altogether, 57,864 children were thus examined, and of that number 34,770, or 60 per cent., were found to require dental treatment. The number of children actually treated by the Authority's dental staff was 11,586, or 33.3 per cent. of those notified. In addition to this, a considerable number of children were treated by their private dentist. The percentage of cases treated compared with those notified is considerably higher this year. There is no doubt that this increase is due to the larger number of children in the rural schools accepting treatment, on account of the dental work being done locally by means of a portable outfit. Such an outfit was urgently needed, and has been greatly appreciated by the parents. It might be interesting to compare the percentage of dental treatment this year with that of last year in some of the rural schools. Thus:—

School.	Percentage of		Percentage of	
	Session.	Treatment.	Session.	Treatment.
Kilncadzow Public...	1919-20	17	1920-21	100
Carnwath Public	25	..	49
Douglas Public...	4	..	52
Gilmourton Public..	..	11.8	..	33
Auldhouse Public	27.3	..	50
Roberton Public...	35	..	60
Harthill Public..	9	..	65.8
Greengairs Public...	..	31	..	57
Longrigg Public.	33	..	93
Meikle Drumgray R.C.	..	30.5	..	64

These figures are chosen at random from a large number of typically rural schools in the County, but they serve to illustrate the very marked increase in the number of children who came forward for dental treatment when such treatment was actually provided at the school. It is anticipated that a still greater response will be forthcoming next year, and when it is remembered that certain of the rural districts were not

TABLE G

DENTAL TREATMENT.

Summary of Work done in the following School Management Areas during the year ending 31st July, 1921.

INSPECTION.						TREATMENT.										NO. OF PUPILS.	
SCHOOL MANAGEMENT AREAS.	Number of Pupils Examined.	Number of Notices issued to Parents.		Number of Pupils Treated.		NATURE OF TREATMENT.								Necessitous.	Partly Necessitous		
		Boys.	Girls.	Boys.	Girls.	Extractions.		Fillings.		Scaling.	Dressing.	Cleaning					
						Temp.	Perm.	Cem.	Amal.								
Avondale,	407	122	132	54	56	248	5	...	42	...	...	...	44	66
Biggar,	322	107	100	54	63	224	24	.	59	...	...	..	71	46
Blantyre,	1774	455	442	218	249	926	47	...	174	...	...	...	171	296
Bothwell,	7207	2351	2211	504	553	1184	114	27	570	1	41	...	516	541			
Cadder,	1744	575	528	214	194	825	79	9	279	3	...	1	154	254			
Cambuslang,	2438	739	710	265	244	967	121	14	244	...	...	...	183	326
Cambusnethan,	3385	1250	1179	235	229	1242	123	7	320	...	...	2	123	341	
Carlisle,	989	335	316	166	148	759	22	...	204	...	2	2	84	230			
Carnwath,	744	255	273	168	171	878	174	1	292	4	...	1	83	256			
Dalserf,	2109	589	580	142	117	570	48	2	89	1	...	...	70	189	
Dalziel,	5471	1871	1783	574	501	2753	193	1	630	2	1	1	221	854			
Douglas,	264	67	76	34	27	150	23	...	17	...	...	...	23	38
East Kilbride,	342	90	90	29	39	140	9	...	34	...	...	1	18	50	
Glassford,	152	38	43	17	27	86	10	...	23	...	...	...	14	30
Hamilton,	10307	2266	2268	642	764	2896	166	9	485	5	1	5	565	841			
Lanark,	1517	460	459	258	274	1472	89	...	304	...	...	...	334	198
Leamahagow,	1090	326	307	107	98	493	26	...	73	...	...	...	83	122
New Monkland,	4722	1631	1672	576	651	1780	247	74	526	...	17	..	761	466			
Old Monkland,	7474	2319	2274	842	887	3376	256	52	843	6	2	...	837	892			
Rutherglen,	2685	731	762	185	189	623	39	11	326	1	...	...	137	237	
Shotts,	2109	832	796	325	322	1278	151	22	206	...	8	...	236	411			
Southern,	209	55	64	35	51	191	27	...	45	1	...	...	54	32	
Stonehouse,	403	124	117	47	41	186	14	...	50	...	..	...	22	66
TOTAL,	57864	17588	17182	5691	5895	23247	2007	229	5835	24	72	13	4804	6782			

overtaken by the travelling dental outfit this year it is clear that a second outfit will be necessary.

What has been said in previous Reports regarding the general dental unfitness of school children still holds good, but there are now definite signs of an improvement. Dental treatment presents no joyous prospect to adults, and children cannot easily be induced to make it a hobby. Nevertheless, it is frequently observed by the dental staff that the same child or members of the same family present themselves regularly for treatment when summoned, but the difficulty is to induce children to come forward for treatment who have never previously obtained it, and who have lively, though quite unfounded, fears of the dentist's chair.

Mr Bower (Cadder; Cambuslang; Old Monkland, including Catbridge; and Rutherglen districts), lays stress on the greater amount of conservative work overtaken during the session and the diminishing number of extractions. This is encouraging, as indicating that the children are coming forward more readily for treatment, and not waiting till the teeth are so far gone in decay that nothing can be done for them but extraction. He also states that, during his dental inspection, he observed a cleaner and healthier appearance of the childrens' mouths. The varying percentage of treatment is alluded to in Mr Bower's report. Thus, Old Monkland district gives a percentage of 37.5; Cadder, 37; Cambuslang, 35; whilst Rutherglen, for some reason or other, only 25.

Mr Beattie (Biggar; Carluke; Carnwath; Cambusnethan, including Wishaw; Dalziel, including Motherwell; Douglas; Lanark; and Southern districts), also draws attention to the increased amount of conservative treatment this session compared with extractive treatment. The advantages afforded to the rural children by the employment of a travelling dental outfit are emphasised, in some cases 100 per cent. of the children notified coming forward for treatment. He also states that in the country districts the willing assistance of the various head teachers, in providing a suitable room, helped greatly in making the treatment as comfortable as possible.

Mr Rankin (Blantyre; Avondale; East Kilbride; Hamilton; Lesmahagow; Dalserf, including Larkhall; Glassford; and Stonehouse districts), writes that the average cleanliness of the children's mouths was much higher this year, and the average number of defective teeth per child was smaller. He draws attention to certain districts where the percentage of treatment fell very far short of what might reasonably

be expected, and cites Dalserf area (including Larkhall), where the average was only 22 per cent. for the whole area, some schools falling so low as 11 per cent. Mr Rankin is of opinion that, if the advantages of dental treatment were more prominently brought before the pupils by the teachers a much better result would be obtained.

Mr Kerr (New Monkland, including Airdrie; Bothwell, including Bellshill; and Shotts districts), bears testimony in his Report to the great advantages arising from the use of a travelling dental outfit, and to the marked increase in the numbers of children accepting treatment in the rural areas. He also thanks the various headmasters in the country schools for their help in making the scheme of dental treatment a success. In one instance a headmaster provided a suitable room in his own house in which to treat the children, as no convenient room was available in the school. Such co-operation between the teachers and the medical staff is very desirable, and is bound to have beneficial results.

Table G. shows in detail the amount and nature of the dental work undertaken in each School Management Area.

**REPORT ON TREATMENT OF DISEASES OF THE
EAR, NOSE, AND THROAT.**

(JAMES ADAM, M.D., F.R.F.P.S.G.)

During the period, 1st September, 1920—31st July, 1921, the number of school children treated for Diseases of the Ear, Nose, or Throat was 22; 17 operations were performed under chloroform and 5 were done under local anaesthesia. Several of the cases, in addition to operative treatment for Tonsils and Adenoids, required aural treatment.

The total number of attendances was 130.

In the case of one child radical operation for ear disease was performed in Glasgow Royal Infirmary.

